

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN18ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/03/2009
NAME OF PROVIDER OR SUPPLIER VITALITY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3740 IDAHO STREET ELKO, NV 89801		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comment Surveyor: 21044 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. This Statement of Deficiencies was generated as a result of a Complaint Investigation conducted from 11/5/09 to 12/3/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. Complaint #NV00023560 is substantiated.	D 000		
D 131 SS=G	NAC 449.129(2) Construction Standards 2. Each facility must comply with all currently adopted life safety, fire, health division, local building and zoning codes. If there is a difference between state and local codes, the more stringent standards apply. This Regulation is not met as evidenced by: Surveyor: 21044 Based on interviews from 11/5/09 to 12/3/09, the facility failed to comply with state fire codes by chaining an exit door shut. Findings include: The bureau received a telephone report from the Assistant State Fire Marshal on 11/5/09. The Assistant State Fire Marshal stated that his office received a report from the local fire department, who responded to a medical issue at the facility	D 131		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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D 131	<p>Continued From page 1</p> <p>early in the morning of 11/3/09. The Assistant State Fire Marshal reported the firemen arrived and found the front doors were chained shut. The Assistant State Fire Marshal reported he sent an officer to the facility to investigate and that officer substantiated the report.</p> <p>The State Fire Marshal (SFM) officer sent to the facility to investigate the incident reported in an interview that on 11/3/09 at 3:30AM, a local fire captain noticed the front exit doors were chained shut and facility staff had to unlock the chain to let them in. The SFM officer stated the fire captain instructed facility staff to stop using the chains before they left. The SFM officer further reported that he went to the facility later that evening at 10:00PM on the same day (11/3/09) and discovered the chain was still on the front exit door. Multiple photographs were taken. The SFM officer stated when facility staff were asked about the chain, they informed him that the administrator told them to place the chain on the front door to keep the dogs from jumping up on the crash bar. When the dogs jumped on the crash bar, the door would open allowing people to enter the facility after hours.</p> <p>The facility has been fined by the State Fire Marshal for a violation of egress standards pursuant to the 1996 International Fire Code, which the State of Nevada has adopted. This finding is a violation of the facility's health facilities license.</p> <p>Severity: 3 Scope: 1</p>	D 131		

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